RECREATIONAL LICENSED CHILDCARE

Experience sports, arts and crafts, Funfit Fridays, nature, drama and special events!

Our licensed programs include **Elementary Schools Registration / Accommodations** Before-school and after-school care • Bellows Spring ES • Bollman Bridge ES Registration for existing participants starts October 6, 2015 Bushy Park ES • Dayton Oaks ES • A minimum 1:15 staff to child ratio • Deep Run ES • Ducketts Lane ES Open registration for new participants starts Experienced and trained staff • Elkridge ES • Forest Ridge ES November 4, 2015 Fulton ES Gorman Crossing ES · Knowledge of positive social skills For information on financial assistance, • Hollifield Station ES • Ilchester ES please call 410-313-7275 • A safe and high quality environment Laurel Woods ES Lisbon ES Completed licensing paperwork is required Manor Woods ES • Pointers Run ES • Information on healthy eating and etiquette prior to your child starting in this program. Rockburn ES • St. John's Lane ES Participation in MD Excels For more information, visit: Veterans ES Triadelphia Ridge ES (www.marylandexcels.org) www.howardcountymd.gov/childcare.htm West Friendship ES Waverly ES Healthy snacks

Registration Form

2016-17 Recreational Licensed Childcare - Elementary School

School Attending	Grade Fall 2016	Female
Participant Name (Full)	/	Male
Street Address		
City	State	Zip
Home Phone	Work Phone	
Cell phone	Email	
Price \$50 non-refundable registration fee \$201/month AM Care Completing the registration process toda policies of Howard County Recreation & I guides, online at www.howardcountyme If you are unable to review this in our ac written copies upon request.	y includes an understanding that you a Parks. These waivers and policies can be d.gov/recandparksforms.htm and on th	e found in our seasonal ne bottom of your receipt.
Signature	Date	
For office use only: Date rec'd	Amt rec'd	Initials

Payment Options

Credit Carc	Mills Road, Colum	DISCOVER	oster card. UISA
Card #:	· •	Exp. Date:	CVC Code:
Account Holder S	Signature		Date
Account Holder N	Name (Print)		
	have a disability or ar	ny special accommodation re	equest
es the participant l t we need to know	v about?		
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